The treatment of retroperitoneal sarcomata has been mainly surgical, with variable results. Often, because of the location and involvement of vital structures, surgery is difficult and unwise. Radiation was first used in this type of case, and perhaps in connection with surgery will prove a valuable form of treatment. With the advent of modern laboratory and clinical method the mortality and morbidity should be lessened.

IN CONCLUSION

1. Retroperitoneal sarcoma should be added to the differential diagnosis of abdominal tumors.

2. Metastasis occur in 33 per cent of the cases, most frequently to the liver and lungs.

3. Signs of retroperitoneal sarcoma of the pelvis are: disturbance in bladder function, loss of weight, secondary anemia, low-grade fever, and the presence of the colon in a groove on the anterior surface of the tumor.

4. Surgery and radiation are the accepted form of treatment.

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BONE DRILL FOR PINS AND WIRES*

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SKELETAL traction, using Kirshner wires or Stienman pins, is the method of choice in many fractures. Difficulty is often met in driving or drilling these wires through the tissues. The most common sources of trouble are mechanical in nature, and come from the rotary movement of the wires which very often wind up various soft structures on the wires. This tissue may become so bulky as to prevent the wire from going through the cortex. It is also quite possible that important structures may become avulsed by this motion. After the use of motor-driven or fast mechanical drills, there is often observed in subsequent x-rays so-called ring sequestra, which are due either to wrapping up on the wire of soft tissues, or periosteum or actual cauterization of the bone by the frictional heat.

In introducing the larger pins, especially in femur work, the various keys, hand chucks, etc., although they do not tend to wind up the soft structures, are so inefficient mechanically that much excess time and energy are consumed in introducing these pins.

By making a few changes on a valve-grinding tool, which sells for less than one dollar, we have produced a very efficient and easily operated drill for introducing both pins and wires, which prevents winding up of soft tissues because of the reciprocating movement. It greatly facilitates the introduction of large pins because of the mechanical advantage. It is not possible to run the device fast enough to cause any damage due to frictional heat.

The instrument, as shown in the illustration, is a valve grinder with the shaft hollowed, lengthened to about twelve inches, and a one-fourth-inch chuck placed on the end of the shaft. The pin or wire thus lies within the hollow shaft. The entire apparatus may be sterilized.

Medical Arts Building.

* From the Orthopedic Service of Dr. E. W. Cleary, San Mateo County Hospital.

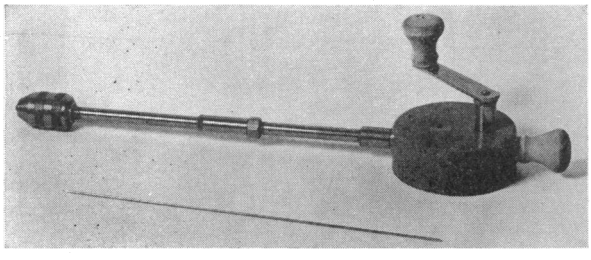

Fig. 1.—Converted valve grinder with hollow shaft, chuck and Kirshner wire.

Fig. 2.—Ring sequestra in humerus following use of Kirshner wire with ordinary drill.

EVIDENCES OF CURE OF GONORRHEA IN THE MALE

By WILLIAM H. RAMBO, M.D.
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THE question of cure and the propriety of marriage in gonorrheics is an ever-recurring one which must be answered by the physician with utmost care, since no little potential suffering and misery depend upon the accuracy of his statements.

Much of the gonorrhea existing today is the result of carelessness in this regard. Pronouncing